Louisiana Office of Telecommunications Management Project Request Form OTM-16

Agency/Department	Main Telephone Number	
Current Address		LA Zip
New Address	City	LA Zip
•	•	utlay or lease specifications (RL2)?
Project to be charged to cost center	Desired se	ervice due date
Contact person	Telephone	·
Email address		
Type of Project Budgetary action (cost quote only) Recurring telecommunications cost for budget Replace/expand existing Key or PBX system Wiring/cable Implementation/assistance System evaluation Relocating Existing Structure New Structure Expansion to existing Key or PBX Centrex redesign (features/equipment) Overhead paging Wiring/cable Other Brief explanation of project request	year	
Are funds available in your budget for this fiscal year to o	cover this project?	Yes No
Type of telephone system currently in use	••	
Number of employees Number of telephone	2 8 	
Form completed by		Date
Approved by (TC)		Date